

RESPIRATORY

4. Breath Sounds: Right side 5 → 1 E 220 Left side 5 → 1 E 220, 51.7 in base

1. Clear 2. Crackles 3. Inspiratory wheezes 4. Exp. wheezes 5. Rhonchi 6. Stridor
7. Diminished 8. Absent

5. Chest Tubes: Type of Device _____ CM suction _____ ☐ Water Seal
Location _____ ☐ Tidaling ☐ Air leak _____ ☐ Straight Drainage
Character of Drainage ☐ Serous ☐ Sero Sanguinous ☐ Sanguinous ☐ Cloudy N/A

Comment

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT SL

1. Heart Rhythm: ☒ NSR ☐ Sinus Brady ☐ Sinus Tachycardia
☐ SVT ☐ Ventricular Dysrhythmia ☐ Junctional/Node
Pacemaker: ☐ Temporary ☐ Permanent ☐ Transvenous ☐ Epicardial
☐ Transcutaneous Mode _____ Rate _____
MA: AO VO _____ Sensitivity A _____ V _____ AV Delay _____

2. Pulses: 0-Absent 1 Weak 2 Normal 3 Bounding
D-Doppler

Pulse	B	R	F	DP	PT	Carotid
R	2+			2+		
L	2+			2+		

CFT: RUE

< 5-6 sec

LUE

< 3 sec

RLE

< 3 sec

LLE

< 3 sec

CAPILLARY REFILL IN SECONDS

3. Heart Tones: ☐ Active Precordium ☒ Normal ☐ Murmur
☐ Gallop ☐ Rub ☐ Distant PMI _____

4. Edema: ☐ Generalized ☒ Extremity ☐ Sacral ☐ Periorbital
☐ Other dam hand

5. Vascular Catheters:

Line Type	Location	Date of Insertion	Device	Site Condition
PIV	<u>RIGHT HAND</u>	<u>ad/c'd dA</u>	<u>hand/arm swelling, st. push to flush</u>	
PIV	<u>LEFT HAND</u>		<u>pump</u>	<u>c/d/t, flush easily</u>

PA catheter _____ CM insertion _____ CM Sheath _____

Comment

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT SL

1. Skin Turgor: ☐ Poor ☒ Tent elastic
2. Skin Temperature: ☒ Cool ☐ Clammy ☐ Diaphoretic ☒ Warm ☒ Hot core times
3. Skin Color: ☐ Pale ☐ Mottled ☐ Cyanotic ☐ Jaundiced ☐ Pink ☐ Red/Flushed

4. Rash/Lesions: Location / Type _____

5. Pressure Ulcers: Site _____ Site in cm _____
Stage: ☐ Red Area ☐ II Partial Thickness ☐ III Full Thickness ☐ Penetration to Muscle

Incision/Wounds/Drains: cent. EEG leads on scalp, cord & sock-cap; dam/
location / Condition: hand swollen dA IV infiltrate - warm compresses, extremity elevated
Comment

Total Score: _____

15-16	Low Risk
12-14	Mod Risk
≤ 11	Hi Risk

BRADEN SCALE:

INTEGUMENTARY

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT SL

1. Abdominal Palpitation: ☒ Soft ☐ Firm ☐ Distended ☐ Tender ☐ Rigid ☐ Girth _____ Distended
2. Bowel Sounds: ☒ Active ☐ Hyperactive ☐ Hypoactive ☐ Absent
3. Gastro Tube: Type ND Size _____ Measures (cm) 40cm ☐ To suction ☐ To gravity drainage ☒ Feeding (intermittent/continuous)
Type _____ Size _____ Measures (cm) _____ ☐ To suction ☐ To gravity drainage ☐ Feeding (intermittent/continuous)
drainage: color _____ gulec _____
4. Urine Catheter: ☐ External ☐ Suprapubic ☐ Indwelling size _____ Date inserted _____
color _____ ☐ Cloudy ☐ Sediment ☐ Fruity Smell ☐ Foul Smell

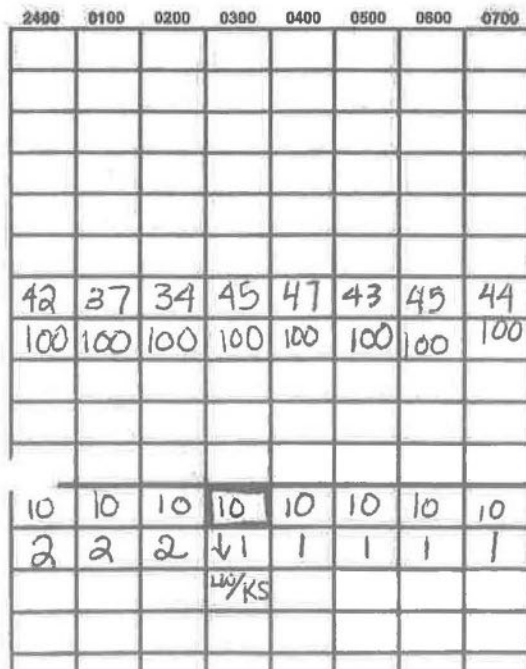
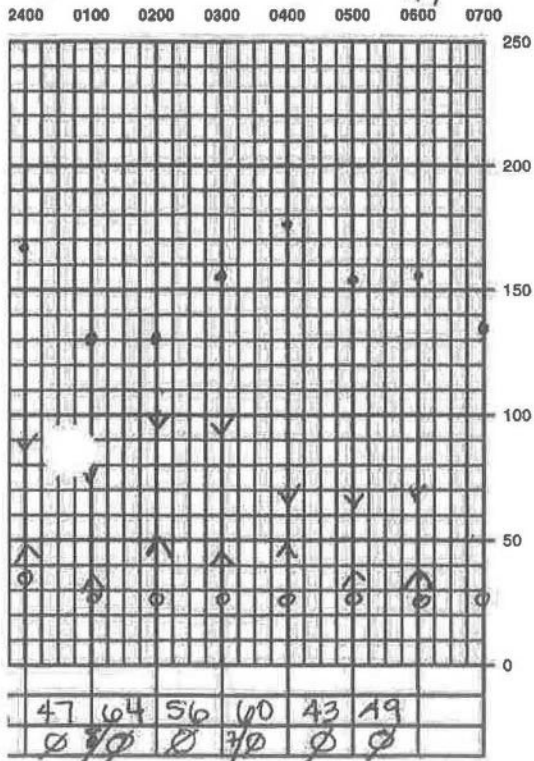
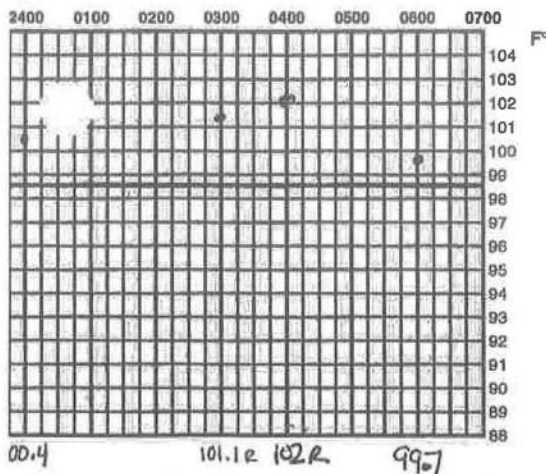
Comment

diaper for urine stool - low sec/bran

GI / GU

MED0961

[illegible]



Nurses' Progress Notes

4/27/09 1425 #15: Pt remains on servo via EtT. MD aware of CXR. Sx on prn for moderate to white secretions, good cough, good gag. Breath sounds remain clear & good air movement. P: Keep pt intubated today. EtT retaped & pulled back as ordered by MD. Cont. to monitor resp status and sxx prn. #25: Fentanyl & Versed qtt cont'd. PRN Pzclus administered for agitation and coughing against ventilator. Chloral administered as scheduled. Pz EEG continuously cont'd. Phenobarb as scheduled. Neuro updated parents today. Mother aware to push button on EEG monitor if visualize seizure. P: Monitor for breakthrough seizures & ↓ Versed qtt by 1 mg/6 hr at 12° due @ 1500. Sedation available prn for pt. discomfort. #3 S/P: See note under #2 S/P.

MKBattentmew

4/28/09 0630 - P#1 (S) pt stable on vent overnight. unlabored respirations & clear BS bilaterally p suctioning. Vent A'd from PRVC to SIMV PC/PS mode. pts O₂ sats have been 100% overnight. (P) pt tolerated vent A's & difficulty - cont to monitor resp status closely. p# 2/3 (S) neuro/ Q2° pt continues on Fentanyl & Versed qtt. Versed qtt ↓ to 1 mg/hr @ 0300. cont EEG monitoring. Ø seizure activity noted. pt & spontaneous movement in bilaterally upper extremities, breaking gravity. slight movement noted in lower extremities. pt opens eyes spontaneously appeared comfortable a/N. sedation given for agitation / fighting / coughing against vent. (P) cont to M... 0964

D = m...
Previous 24°

Today's Weight
7.6 kg 4/27/09
Yesterday's Weight
6.8 kg

INNOVA HOSPITAL FOR CHILDREN
PICU Flowsheet
page 1 of 4
RN WEB Date 4/27/09

Assistive Devices
T - TEDS
A - Air Mattress
S - Splints
C - Compression Device

04305493
ADM 04/20/09
4M M FH 37373672
ACCT STRT
G 08

CAT #81213 / RS-01 • PMUS



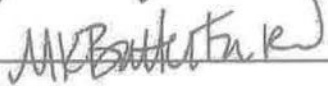
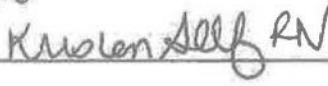
		0800	0900	1000	1100	1200	1300	1400	1500	8 hr Total	1600	1700	1800	1900	2000	2100	2200	
INTAKE	Similar	40	40	40	40	40	40	40	40	320	40	40	40	40	40	40	40	
	Fentanyl	1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	8	1	1/2	1/3	1/4	1/5	1/6	1/7	
	Versed	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	4.8	0.4	0.4	0.4	0.4	0.4	0.4	0.4	
	NS	2	2/4	2/6	2/8	2/10	2/12	2/14	2/16	18	2	2/4	2/6	2/8	2/10	2/12	2/14	
Meds										3								
TOTAL INTAKE >										353.8	TOTAL INTAKE >							
OUTPUT	URINE	138			22	52		44		250	52				110		95	
	STOOL/GUAC	XT															XT 100%	
	GASTRIC																	
	GUAC/PH																	
	CHEST TUBE																	
TOTAL OUTPUT >										250	TOTAL OUTPUT >							
PRN MEDS	Fentanyl	0.6	0.45		1.0	2.0	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	
	Versed	0.6	0.45		1.0	2.0	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	
	Tylenol																	
	Chloral																	
MISC	HEPARIN FLUSH																	
	OXIMETRY PROBE SITE	△		△				△							△			
	ACCUCHECK																	
	HWE/C	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Activity	(R)		(L)		(B)		(R)			(L)							
	PROTECTIVE/ SAFETY DEVICE																	
	CIRC CHECK	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	ASSISTIVE DEVICE																	

MED0965

ptal	2400	0100	0200	0300	0400	0500	0600	0700	8 hr Total
0	40/40	40/80	40/80	40/160	40/280	40/280	40/280	40/320	320
	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	8
	0.4	0.4	0.4	0.3	0.2	0.2	0.2	0.2	2.2
	2/2	2/4	2/6	2/8	2/10	2/12	2/14	2/16	16
TOTAL INTAKE >									346.2
	103/105				45/150				150
	large 100cc								1047.8
TOTAL OUTPUT >									50
	0050 27mg	0320 27mg	0430 27mg						
	0050 3mg	0320 3mg	0430 3mg						
			0415 100mg						
	Δ			Δ					
	✓	✓	✓	✓	✓	✓	✓	✓	✓
	✓	✓	✓	✓	✓	✓	✓	✓	✓

Addendum 4/28/09 0630- pt + max of 102 last night MD notified. Blood cx sent. sputum cx / CBC ordered / pending
Kris Underberg RN

24" 603 384.2

Room Check	0700 - 1900	1900 - 0700
BAG / MASK / SUCTION / DRUG SHEET	MKB	KS
SIDE RAILS / BED POSITION	MKB	KS
Alarm Parameters ON	MKB	KS
2 RN Signatures to verify IV Drip rates		
0700	 / 	
1900	 / 	

MED0966

		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
VENTILATION	O ₂ SOURCE	SERVO									SERVO									SERVO	
	FiO ₂	35%									35%									35%	
	MODE	PRVC									PRVC									SIMV	
	RATE (IMV)	28									28									28	
	TV	70									70										
	PIP	15									15										
	PEEP	5									5									10/10	
	PS																			10/10	
	SaO ₂ (PULSE OX)										100%									100	
	ETCO ₂										51									46	
	pH																				
	PCO ₂																				
	PO ₂																				
	HCO ₂																				
	BE																				
Art O ₂ Sat (calc)																					
Art O ₂ Sat (dir.)																					
VEN O ₂ Sat (dir.)																					
NEB/CPT																					
SUCTION		✓		✓	✓	✓		✓		✓				✓					✓		

		CHILD/ADOLESCENT				INFANT				0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0	
GLASGOW COMA SCALE	EYES	4 Spontaneous 3 Open to Speech 2 Open to Pain 1 Remain Closed		4		4		4		3									3		3		3		4			3
	VERBAL	5 Oriented 4 Confused 3 Words 2 Sounds Only 1 No Response	Coos/Babbles Irritable Cry Cries to Pain Moans to Pain			1		1		1									1		1		1				1	
	MOTOR	6 Obeys Commands 5 Localizes Pain 4 Withdraws 3 Abnormal Flexion 2 Extension 1 No Response	Spontaneous Movement Withdraws to Touch Withdraws to Pain			6		6		6		6		6		6		6		6		6		6		6		6
		SEDATED Y/N		Y		Y		Y		Y		Y		Y		Y		Y		Y		Y		Y		Y		Y
	TOTAL			11		11		11		10		10		10		10		11		10		10		11		10		10
NEURO	PUPILS	RIGHT: Size/Reaction LEFT: Size/Reaction	R L	3B 3B	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R
	Fontanelle:	FI - Flat Fu - Full B - Bulging T - Tense S - Sunken		F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	
	ARMS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
	LEGS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
	COUGH / GAG		+ OR -	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	SUCK / SWALLOW		+ OR -	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	PAIN SCALE	circle method:		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear		cries / faces / flacc / linear
	System Assessed, No Problem Identified																											
	1. Respirations:			Shallow	Labored	Nasal Flaring	Stridor	Grunting	Periodic																			

MED0967

TIME								
Glu								
BUN								
Creat								
Na								
K								
Cl								
CO ₂								
ICA								
Hgb								
Hct								
Plts								
WBC								
PT								
PTT								
Glu / Ket								
Sg / pH								
bid / prot								

content	-	negative
---------	---	----------

Hours Post Dose →							
DRUG LEVELS							

INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet
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MED0968

0700-1900
INITIAL

1900-0700
INITIAL

es / flacc / linear

INIT KS ☐ NO PROBLEM

RESPIRATORY

Consistency: ☒ Thin ☐ Thick ☐ Frothy ☐ Tenacious

4. Breath Sounds: Right side 1 p sxn, Fabase Left side 1 p sxn, Fabase

1. Clear 2. Crackles 3. Inspiratory wheezes 4. Exp. wheezes 5. Rhonchi 6. Stridor
7. Diminished 8. Absent

5. Chest Tubes: Type of Device _____ CM suction _____ ☐ Water Seal
Location _____ ☐ Tidding ☐ Air leak _____ ☐ Straight Drainage
Character of Drainage ☐ Serous ☐ Sero Sanguinous ☐ Sanguinous ☐ Cloudy

Comment cont CR monitor

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT MKB

1. Heart Rhythm: ☒ NSR ☐ Sinus Brady ☐ Sinus Tachycardia
☐ SVT ☐ Ventricular Dysrhythmia ☐ Junctional/Nodal
Pacemaker: ☐ Temporary ☐ Permanent ☐ Transvenous ☐ Epicardial
☒ Transcutaneous Mode _____ Rate _____
MA: AO _____ VO _____ Sensitivity A _____ V _____ AV Delay _____

2. Pulses: 0-Absent 1 Weak 2 Normal 3 Bounding
D-Doppler

Pulse	B	R	F	DP	PT	Carotid
R		2		2		
L		2		2		

CAPILLARY REFILL IN SECONDS

CFT: RUE 23 LUE 23
RLE 23 LLE 23

3. Heart Tones: ☐ Active Precordium ☒ Normal ☐ Murmur
☐ Gallup ☐ Rub ☐ Distant PMI _____

4. Edema: ☒ Generalized moderate ☐ Extremity ☐ Sacral ☐ Periorbital
☐ Other _____

5. Vascular Catheters:

Line Type	Location	Date of Insertion	Device	Site Condition
PIV	AR	4/27/09	PUMP	CDI

PA catheter _____ CM Insertion _____ CM Sheath _____

Comment Cont CV monitor☐ System Assessed, No Problem IdentifiedTIME 0800 INIT MKB

1. Skin Turgor: ☐ Poor ☒ Slightly elastic ☐ Tent

2. Skin Temperature: ☐ Cool ☐ Clammy ☐ Diaphoretic ☒ Warm ☐ Hot

3. Skin Color: ☐ Pale ☐ Mottled ☐ Cyanotic ☒ Jaundiced ☒ Pink ☐ Red/Flushed

4. Rash/Lesions: Location / Type _____

5. Pressure Ulcers: Site _____ Site in cm _____
Stage: ☐ Red Area ☐ II Partial Thickness ☐ III Full Thickness ☐ Penetration to Muscle

Incision/Wounds/Drains: location / Condition: Cont. EEG leads on scalp & cap intact

Comment _____

BRADEN SCALE: SSS
Total Score: 18

15 - 16	Low Risk
12 - 14	Mod Risk
≤ 11	Hi Risk

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT MKB

1. Abdominal Palpitation: ☒ Soft ☐ Firm ☐ Distended ☐ Tender ☐ Rigid ☐ Girth _____

2. Bowel Sounds: ☒ Active ☐ Hyperactive ☐ Hypoactive ☐ Absent

3. Gastric Tube: Type ND Size _____ Measures (cm) 40cm ☐ To suction ☐ To gravity drainage ☒ Feeding (Intermittent/continuous)
Type _____ Size _____ Measures (cm) _____ ☐ To suction ☐ To gravity drainage ☐ Feeding (Intermittent/continuous)
drainage: color _____ gulec _____

4. Urine Catheter: ☐ External ☐ Suprapubic ☐ Indwelling size _____ Date inserted _____
color _____ ☐ Cloudy ☐ Sediment ☐ Fruity Smell ☐ Foul Smell Diaper dx

Comment _____

INTEGUMENTARY

GI / GU

MED0969

agree	NEEDS	Comments: Tent/Versed gtt + PRN Sedation	MKB	KS
agree	NUTRITION	Diet:		
		Formula: Similac 20 cal	MKB	KS
		<input type="checkbox"/> NG <input checked="" type="checkbox"/> ND/NJ <input type="checkbox"/> GT <input type="checkbox"/> po	MKB	KS
		<input checked="" type="checkbox"/> Total feed <input type="checkbox"/> Needs assistance <input type="checkbox"/> Feeds self	MKB	KS
na	ALLERGIES			KS
agree		NKDA	MKB	
INIT_KS <input type="checkbox"/> NO PROBLEM				
agree	PSYCHOSOCIAL	<input checked="" type="checkbox"/> Communications Barrier sedation, etc, hearing	MKB	KS
		<input type="checkbox"/> Unable to assess: <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
		<input type="checkbox"/> Coping Ineffective: <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
		<input type="checkbox"/> Fears:		
		Pain <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
agree		Dying <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
		Being Alone <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
		<input type="checkbox"/> Emotional State:		
agree		Anxious <input type="checkbox"/> Pt. <input checked="" type="checkbox"/> Family	MKB	KS
		Agitated <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
agree		Tearful/Crying <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
		Euphoric		
		<input type="checkbox"/> Parents: <input type="checkbox"/> Called <input checked="" type="checkbox"/> Visited	MKB	KS
		<input type="checkbox"/> Pt/Parent Teaching <input type="checkbox"/> Return demonstration		
agree		Comments: Mom & Friends @ bedside	MKB	KS
		TRANSDUCERS: level / calibrated		
		Activity: <input checked="" type="checkbox"/> total care <input type="checkbox"/> need assistance <input type="checkbox"/> self care	MKB	KS
		HOB: <input type="checkbox"/> flat <input checked="" type="checkbox"/> 30° <input type="checkbox"/> 45° <input type="checkbox"/> 90°	MKB	KS
		<input type="checkbox"/> other	MKB	KS
agree		Bedrest / Turn Q2°	MKB	KS
		Chair / HELD		
INIT_KS <input type="checkbox"/> NO PROBLEM		Ambulate <input type="checkbox"/> on own <input type="checkbox"/> with assist		
		ROM		
		Protective Device / RELEASE Q2°		
		Seizure Precautions		
		HYGIENE: Bath		KS
agree		Oral Hygiene	MKB	KS
		Peri / Foley Care	MKB	KS
		Skin Care	MKB	KS
		Gastric Tube Care		
		Feeding Bag Rinsed / Changed	MKB	KS
		Trach Care / Trach Changed		
		Cervical Collar Site Care		
		Line Tubing Changed / Injection Cap Changed		
		Carrier System Changed		
		IV Started / Location		
		PREP for test or procedure		
		x ray		KS
		other		
agree		NURSING CARE > 16 hrs day	MKB	KS

NOVA HOSPITAL FOR CHILDREN
PICU Flowsheet
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RN MKB Date 11/27/09

W
N
04305493 4M M FH 37373672
PADM ADM 04/20/09
G
08
ACCT STRT

04305493 4M M FH 37373672
PADM ADM G 108

4

1

4/26/09

65cm

Infants under 2 yrs

43.5 cm

12.6 Lip

4/24/09

4/27/09 to 1/200



RN KA Date 10
 RN MA

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PICU Flowsheet

INOVA HOSPITAL FOR CHILDREN

Thermograph chart showing temperature data over time. The chart has a grid with temperature in degrees Celsius (°C) on the left and degrees Fahrenheit (°F) at the top. The temperature scale ranges from 80 to 104 °C. The time scale ranges from 0700 to 1500. A horizontal line is drawn at 99 °C. Data points are plotted as dots, with some labeled 'QX' and others 'QY'. A handwritten 'QX' is also visible on the right side of the chart.

0700 0800 0900 1000 1100 1200 1300 1400 1500

250

200

150

100

50

0

BP

T Art

V Cuff

Δ Cuff

RESP°

HR

Temp°

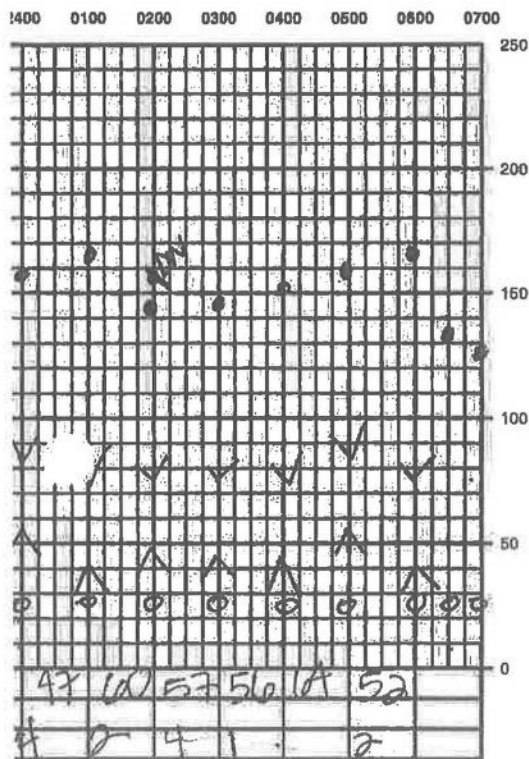
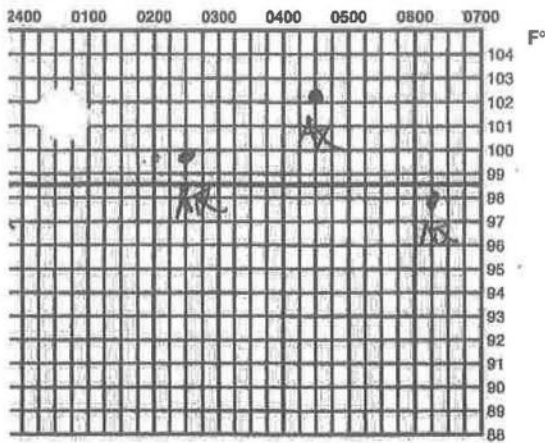
MABP 64 62 50 52 51 50 63 43

CUFF MEAN

PAIN SCALE

(1-10)

[illegible][illegible]



Nurses' Progress Notes

1200 - #1 - Stable on current vent. settings. Suctioned for thick white secretions. Planning to wean and extubate after coming off the Versed if no seizure.

#2 - Weaning off Versed drip very slowly. Pupils equal and reactive to light. Moves all extrem. when he attempts to wake up. Does to appear to track at this time.

#3 - Very comfortable ^{eyes} on current sedation. Gave 1 dose of prn Versed and prn Fentanyl this AM for agitation. Good relief with those doses. Plan to con't prn's until extubated.

1930 - ^{eyes} ~~Ver~~ #2 - Versed drip stopped at 1500. No seizure activity noted. Karen Cimich (0200) SPI OAD'S MADE TO VENT SETTINGS. Continuing to S/N MODERATE THIN WHITE SECRETIONS. PT LOCATES TURNING & S/NING. MOM ANNOUNCED BEeping from vent heater. STATES "it's been going off all day & every 20 minutes." Addressed concerns to RT & several pieces to heater A'd by RT; RT now replacing Atrial heater to vent p previous interventions have failed. SPI 2 & SE Activity witnessed thus far in shift. PT off Versed at 1500 (4/28/09). & is receiving 0.5 Versed prn. PT MAE'S & sometimes it is as though pt's eyes follow mom's &/or dad's voice. PT flake much of night & Tylenol given. Antibx. Started earlier. S/P 3 ↑ Fentanyl at 1500 SINCE pt requiring ↑ number of boluses. ALSO ↑ Painax MED 09/27/14

Previous 24°
1047.2

663

384.2

Today's Weight
7.6kg 4/23/09

Yesterday's Weight

INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet
page 1 of 4
RN Jan
Date 4/28/09

Assistive Devices

- T - TEDS
- A - Air Mattress
- S - Splints
- C - Compression Device

W
N
04305493
ADM
04/20/09
G
08
37373672
ACCT STRT

	0800	0900	1000	1100	1200	1300	1400	1500	8 hr Total	1600	1700	1800	1900	2000	2100	2200
Similar	40	40	40	40	40	40	40	40	320	40	40	40	40	40	40	40
NS	2	2	2	2	2	2	2	2	16	2	2	2	2	2	2	2
Fentanyl	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1
Verbal	2	2	2	2	2	2	2	2	16	2	2	2	2	2	2	2
									345.6							
TOTAL INTAKE																
URINE	50	50	100	100	100	100	100	100	800	40	40	108	22	130	112	112
STOOL/GIAC	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1
GASTRIC GIAC/PH																
CHEST TUBE																
									502							
TOTAL OUTPUT																
Fentanyl	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	1.6mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg
Verbal	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	1.6mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg
Tylenol	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	1.6mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg	0.2mg
									158							
TOTAL PRN MEDS																
HEPARIN FLUSH																
OXYMETER PROBE SITE																
ACCUCHECK																
HWE/C	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
PROTECTIVE SAFETY DEVICE																
CIRC CHECK																
ASSISTIVE DEVICE																

MED0973

Time	2400	0100	0200	0300	0400	0500	0600	0700	8 hr Total
0	40	40	40	40	40	40	40	40	320
2	2	2	2	2	2	2	2	2	16
	1/2	1/3	2/5	2/8	2/9	2/9	2/11	2/13	13
TOTAL INTAKE >									349
	100		120			10		280	1038
TOTAL OUTPUT >									280
TOTAL OUTPUT >									1025
<div>0230 27mg</div> <div>0430 27mg</div> <div>100mg</div> <div>100mg</div> <div>ice packs</div>									
<div>✓</div> <div>✓</div> <div>✓</div> <div>✓</div> <div>✓</div> <div>✓</div> <div>✓</div> <div>✓</div> <div>✓</div>									

Within appropriate range on pps. age. DW

Room Check	0700 - 1900	1900 - 0700
BAG / MASK / SUCTION / DRUG SHEET	KA	DW
SIDE RAILS / BED POSITION	KA	DW
Alarm Parameters ON	KA	DW
2 RN Signatures to verify IV Drip rates		
0700	Kristen Seifert / Karen Omicron	
1900	D.W. [Signature]	

	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200
VENTILATION																			
O ₂ SOURCE	30W												30W						
FiO ₂	.35												.35						
MODE	SIPP												SIPP						
RATE (IMV)	28												28						
TV																			
PIP	5												5						
PS	10												10						
PC	12												12						
SpO ₂ (PULSE OX)																			
ETCO ₂																			
pH																			
PCO ₂																			
PO ₂																			
HCO ₂																			
BE																			
Art O ₂ Set (calc)																			
Art O ₂ Set (dir.)																			
VEN O ₂ Set (dir.)																			
NEB/CPT																			
SUCTION													✓	✓				✓	

CHILD/ADOLESCENT		INFANT		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
GLASGOW COMA SCALE	EYES	4 Spontaneous 3 Open to Speech 2 Open to Pain 1 Remain Closed		4		4										4		4		4
	VERBAL	5 Oriented 4 Confused 3 Words 2 Sounds Only 1 No Response	Coos/Babbles Irritable Cry Cries to Pain Moans to Pain	1		1										ETH		ETH		ETH
	MOTOR	6 Obeys Commands 5 Localizes Pain 4 Withdraws 3 Abnormal Flexion 2 Extension 1 No Response	Spontaneous Movement Withdraws to Touch Withdraws to Pain SEDATED Y/N	6		6										6		6		6
	TOTAL			11		11										11		11		11
	PUPILS	RIGHT: Size/Reaction LEFT: Size/Reaction	R L	4R		4B										3B		3B		3B
NEURO	Fontanelle: FI - Flat Fu - Full B - Bulging T - Tense S - Sunken			FI		FI										FI		FI		FI
	ARMS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4		4									4		4		4
	LEGS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4		4									4		4		4
	COUGH / GAG		+ OR -													+		+		+
	SUCK / SWALLOW		+ OR -													+		+		+
PAIN SCALE circle method:			cries / faces / flacc / linear								cries / faces / flacc / linear									

☐ System Assessed, No Problem Identified

1. Respirations: ☐ Shallow ☐ Labored ☐ Nasal Flaring ☐ Stridor ☐ Grunting ☐ Periodic

MED0975

TIME 0800 INIT KA

[illegible]

043005493 ADM 4M M FH 37373672
PADMA 04/20/09 ACCT STRT

Reference Range for unit based lab tests		
Accucheck: 70-100 mg/dl		
URINE DIPSTICK		
glucose	—	negative
bilirubin	—	negative
ketone	—	negative
blood	—	negative
ph	—	5.0-8.0
protein	—	neg.-trace
sp. gravity — 1.001-1.035		
occult blood in stool	—	negative
occult blood in gastric content	—	negative

100	0400	0500	0600	0700
	4		4	
	CH		CH	
	1		1	
	6		6	
	Y		Y	
	11		11	
	B2		B3	
	B2		B3	
	4		4	
	4		4	
	4		4	
	4		4	
			TX	
	WDR		WDR	
es / facc / linear				

es linear linear

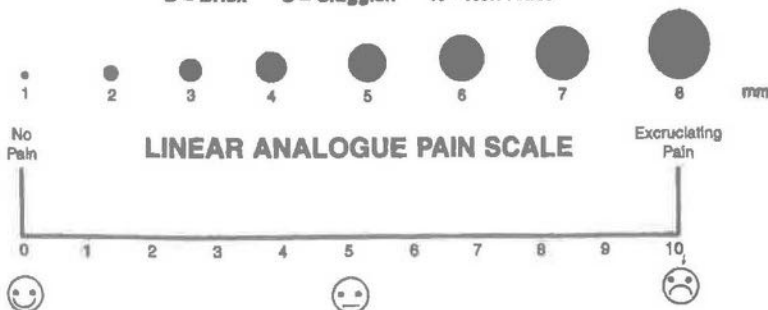
☒ INIT ☐ NO PROBLEM

Hours Post Dose →

DRUG LEVELS

PUPIL SCALE

B = Break S = Sluggish N = Non-react



RN RN

**INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet**

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Date _____

MED0976

0700-1900 INITIAL	1900-0700 INITIAL
----------------------	----------------------

RESPIRATORY

4. Breath Sounds: Right side S Left side S

1. Clear 2. Crackles 3. Inspiratory wheezes 4. Exp. wheezes 5. Rhonchi 6. Stridor
7. Diminished 8. Absent

5. Chest Tubes: 1 Type of Device _____ CM suction _____ ☐ Water Seal
Location _____ ☐ Tidalting ☐ Air leak _____ ☐ Straight Drainage
Character of Drainage ☐ Serous ☐ Sero Sanguinous ☐ Sanguinous ☐ Cloudy

Comment _____

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT 191

1. Heart Rhythm: ☒ NSR ☐ Sinus Brady ☐ Sinus Tachycardia
☐ SVT ☐ Ventricular Dysrhythmia ☐ Junctional/Nodal
Pacemaker: ☐ Temporary ☐ Permanent ☐ Transvenous ☐ Epicardial
MA: AO _____ Mode _____ Rate _____
VO _____ Sensitivity A _____ V _____ AV Delay _____

2. Pulses: 0-Absent 1 Weak 2 Normal 3 Bounding
D-Doppler

Pulse	B	R	F	DP	PT	Carotid
R		12		12		
L		12		12		

CAPILLARY REFILL IN SECONDS

CFT: RUE	<u>2-3</u>	LUE	<u>2-3</u>
RLE	<u>2-3</u>	LLE	<u>2-3</u>

3. Heart Tones: ☐ Active Precordium ☐ Normal ☐ Murmur
☐ Gallup ☐ Rub ☐ Distant PMI _____

4. Edema: ☐ Generalized ☐ Extremity ☐ Sacral ☐ Perforbital
☐ Other _____

5. Vascular Catheters:

Line Type	Location	Date of Insertion	Device	Site Condition
PIV	<u>(L) ac</u>	<u>4/27/09</u>	<u>pump.</u>	<u>normal</u>
PIV	<u>(R) foot</u>	<u>4/28/09</u>	<u>SL</u>	<u>normal</u>

PA catheter _____ CM insertion _____ CM Sheath _____

Comment _____

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT KA

1. Skin Turgor: ☐ Poor ☐ Taut
2. Skin Temperature: ☐ Cool ☐ Clammy ☐ Diaphoretic ☒ Warm ☐ Hot
3. Skin Color: ☐ Pale ☐ Mottled ☐ Cyanotic ☐ Jaundiced ☒ Pink ☐ Red/Flushed

4. Rash/Lesions: Location / Type _____

5. Pressure Ulcers: Site _____ Site in cm _____
Stage: ☐ Red Area ☐ II Partial Thickness ☐ III Full Thickness ☐ Penetration to Muscle

Incision/Wounds/Drains:

location / Condition:

Comment _____

StarKIDS
BRADEN SCALE:

Total Score: 18

15 - 16	Low Risk
12 - 14	Mod Risk
≤ 11	Hi Risk

CARDIOVASCULAR

INTEGUMENTARY

GI / GU

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT KA

1. Abdominal Palpitation: ☒ Soft ☐ Firm ☐ Distended ☐ Tender ☐ Rigid ☐ Girth _____
2. Bowel Sounds: ☒ Active ☐ Hyperactive ☐ Hypoactive ☐ Absent
3. Gastric Tube: Type ND Size _____ Measures (cm) 40cm To suction ☐ To gravity drainage ☒ Feeding (intermittent/continuous)
Type _____ Size _____ Measures (cm) _____ To suction ☐ To gravity drainage ☐ Feeding (intermittent/continuous)
drainage: color _____ gusc _____
4. Urine Catheter: ☐ External ☐ Suprapubic ☐ Indwelling size _____ Date inserted _____
color _____ ☐ Cloudy ☐ Sediment ☐ Fruity Smell ☐ Foul Smell

diapered

Comment _____

MED0977

green
ec; clears &
ixning

A
INIT PN ☐ NO PROBLEM

green
NORMAL
normal edema

--dsg CDI
infusing 3
ml/h
IT PIV-SITE
furnos casing
be locked.

PN ☐ NO PROBLEM
NL; tant to
75
furnished
RAZM - Red area

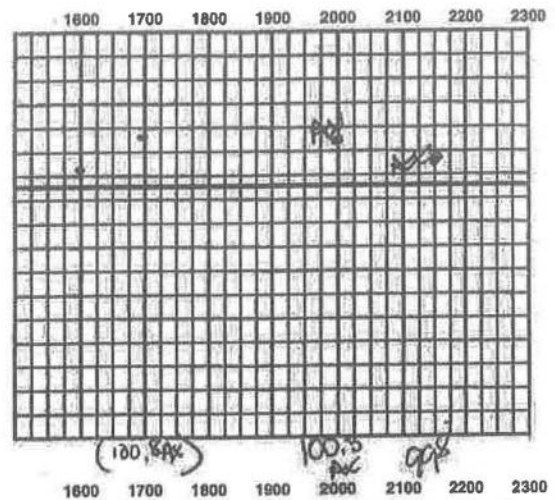
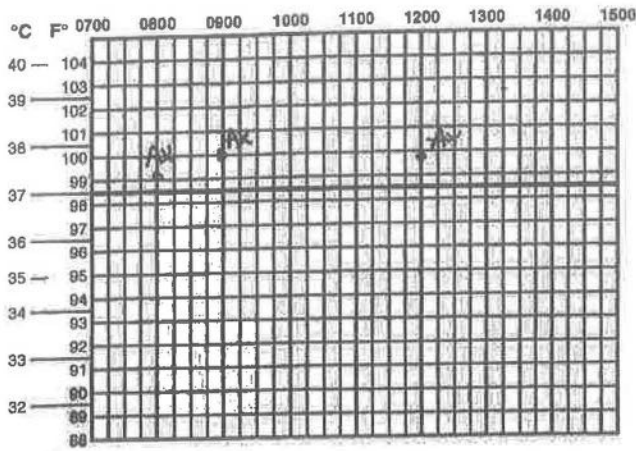
INIT PN ☐ NO PROBLEM
Active Bowel
DS
2 40cm (D) nare
at MS feeds
red

NUTRITION	ALLERGIES	PSYCHOSOCIAL	NURSING CARE / PROCEDURES
Comments: <u>Penicillin / qt / pn & Chloral Hy d.</u> Diet: Formula: <u>SIMILAR 20 kcal</u> <input type="checkbox"/> NG <input checked="" type="checkbox"/> ND/NJ <input type="checkbox"/> GT <input type="checkbox"/> po <input checked="" type="checkbox"/> Total feed <input type="checkbox"/> Needs assistance <input type="checkbox"/> Feeds self	NRDA	<input checked="" type="checkbox"/> Communications Barrier <u>CH</u> <input type="checkbox"/> Unable to assess: <input type="checkbox"/> Pt. <input type="checkbox"/> Family <input type="checkbox"/> Coping Ineffective: <input type="checkbox"/> Pt. <input type="checkbox"/> Family <input type="checkbox"/> Fears: Pain <input type="checkbox"/> Pt. <input type="checkbox"/> Family Dying <input type="checkbox"/> Pt. <input type="checkbox"/> Family Being Alone <input type="checkbox"/> Pt. <input type="checkbox"/> Family <input type="checkbox"/> Emotional State: Anxious <input type="checkbox"/> Pt. <input checked="" type="checkbox"/> Family Agitated <input type="checkbox"/> Pt. <input type="checkbox"/> Family Tearful/Crying <input type="checkbox"/> Pt. <input type="checkbox"/> Family Euphoric <input type="checkbox"/> Parents: <input type="checkbox"/> Called <input checked="" type="checkbox"/> Visited <input type="checkbox"/> Pt/Parent Teaching <input type="checkbox"/> Return demonstration Comments: <u>(1445) by. KRONAN G beside</u> <u>PASTOR VISITING - PN</u>	TRANSDUCERS: level / calibrated Activity: <input checked="" type="checkbox"/> total care <input type="checkbox"/> need assistance <input type="checkbox"/> self care HOB: <input type="checkbox"/> flat <input checked="" type="checkbox"/> 30° <input type="checkbox"/> 45° <input type="checkbox"/> 90° <input type="checkbox"/> other <u>High Falls Precautions</u> Bedrest / Trm Q2° <u>30°</u> Chair / HELD Ambulate <input type="checkbox"/> on own <input type="checkbox"/> with assist ROM Protective Device / RELEASE Q2° Seizure Precautions HYGIENE: Bath <u>did linens 0050 & 0230</u> Oral Hygiene <u>Vaseline to lips by Ann BLD</u> Peri / Foley Care Skin Care <u>Mom brought Balmex for diaper area.</u> Gastric Tube Care Feeding Bag Rinsed / Changed Trach Care / Trach Changed Cervical Collar Site Care Line Tubing Changed / Injection Cap Changed Carrier System Changed IV Started / Location PREP for test or procedure x ray <u>9:50</u> other NURSING CARE > 16 hrs day

NOVA HOSPITAL FOR CHILDREN
PICU Flowsheet
page 4 of 4
RN PN
Date 4/28/09

W
N
M
ADM
PADM
04305493
4M
M
FH
37373672
ACCT STRT
04/20/09
G
08
MED0978

W
N
04303493
ADM
04/20/09
4M M FH 37373672
ACCT STRT
G
08



Admit Date

4/20/09

OR Date

Height

105cm

Head Circ
Infants under 2 yrsTrach size
cuffed/uncuffed

3.5

Taped at

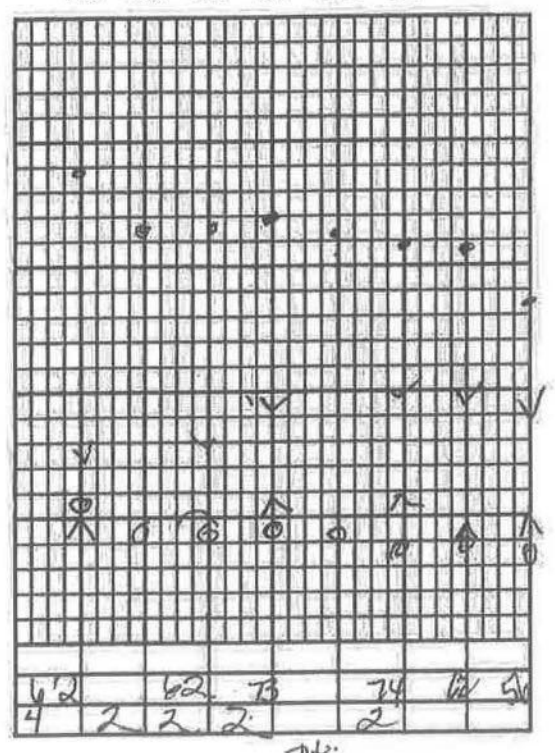
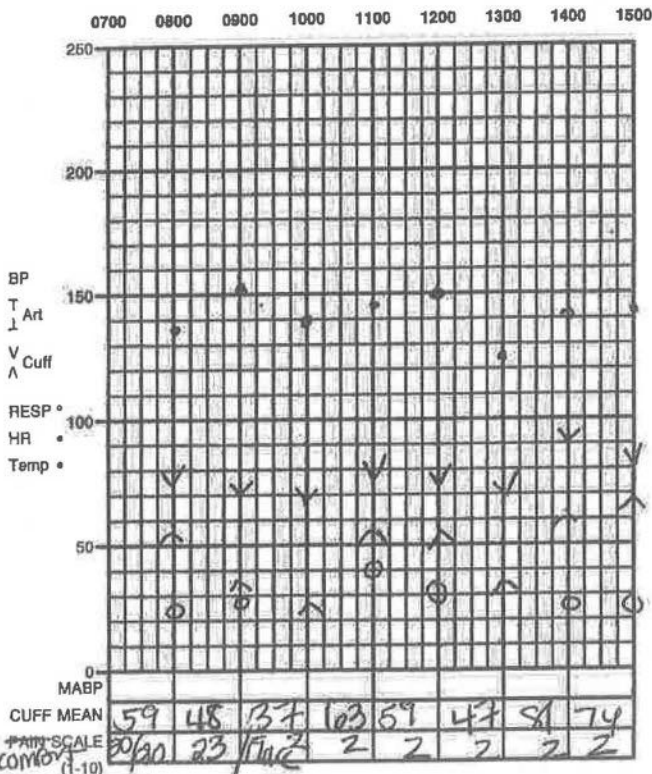
12@1ip

When placed

4/24/09

Retaped on

4/27/09



	0800	0900	1000	1100	1200	1300	1400	1500
CVP								
LAP								
PAS								
PAD								
MPAP								
PCWP								
SVO ₂								
EtCO ₂	40	36	43	45	43	41	42	42
O ₂ Sat	100	100	100	100	100	100	100	100
ICP								
CPP								
FENTANYL	100	20	20	20	20	20	20	20

	1600	1700	1800	1900	2000	2100	2200
OFF							
100	100	100	100	100	100	100	100

MED0979

INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet

page 1 of 4

RN

RN

Date

4/29/09